## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **DeKalb Memorial Hospital, Inc.**

City: Auburn County: DeKalb Year: 2003

Provider Type: General Acute

| I. Inpatient Care               |    |       |       |                                 |  |
|---------------------------------|----|-------|-------|---------------------------------|--|
| Hospital Service<br>Description |    |       |       | Average Charge<br>Per Discharge |  |
| Burn Care                       | 0  | 0     | 0     | \$0                             |  |
| Cardiac Intensive               | 0  | 0     | 0     | \$0                             |  |
| ICU Med/Surg                    | 6  | 405   | 954   | \$3,129                         |  |
| ICU Neonatal                    | 0  | 0     | 0     | \$0                             |  |
| ICU Pediatric                   | 0  | 0     | 0     | \$0                             |  |
| Medical/Surgical                | 31 | 1,146 | 3,598 | \$2,045                         |  |
| Neonatal Intermed               | 0  | 0     | 0     | \$0                             |  |
| Obstetrics                      | 10 | 429   | 978   | \$1,469                         |  |
| Pediatric                       | 0  | 0     | 0     | \$0                             |  |

| Psychiatric     | 0  | 0     | 0     | \$0   |
|-----------------|----|-------|-------|-------|
| Rehabilitation  | 0  | 0     | 0     | \$0   |
| Substance Abuse | 0  | 0     | 0     | \$0   |
| Swing Beds      | NA | 0     | 0     | \$0   |
| Other Services  | 0  | 0     | 0     | NA    |
| Acute Subtotal  | 47 | 1,980 | 5,530 | NA    |
| Normal Newborn  | 10 | 425   | 812   | \$912 |

| II. Outpatient Visits                                  |        |                     |        |  |  |
|--|--------|---------------------|--------|--|--|
| Circulatory System                                     | 11,582 | Digestive System    | 3,176  |  |  |
| Endocrine System                                       | 10,054 | Injuries and Poison | 6,903  |  |  |
| Mental Disorder  | 2,007  | Musculoskeletal     | 10,353 |  |  |
| Neoplasms  | 2,318  | Nervous             | 2,283  |  |  |
| Respiratory  | 4,321  | Urinary             | 5,752  |  |  |
| Other/Unknown  | 6,392  | Total Visits        | 65,141 |  |  |
| Number of Visits to Emer                               | 15,453 |                     |        |  |  |
| Percent of Emergency Department Visits of Total Visits |        |                     | 23.7%  |  |  |

## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

| N - Acute Renal Dialysis        | N - Alcohol/Drug Service    | Y - Anesthesia Services    |
|---------------------------------|-----------------------------|----------------------------|
| Y - Blood Bank                  | N - Burn Care Unit          | N - Chiropractric Service  |
| Y - Coronary Care Unit          | N - Dental Services         | Y - Dietetic Services      |
| Y - Emergency Service           | Y - Home Care Program       | Y - Hospice                |
| Y - Inpatient Surgical Services | Y - Intensive Care Unit     | Y - Laboratory(Clinical)   |
| Y - Laboratory(Anatomical)      | N - Long Term Care Unit     | Y - Neonatal Nursery       |
| N - Nuclear Medicine Services   | Y - Obstetrics Services     |                            |
| Y - Occupational Therapy        | Y - Open Heart Surgery      | Y - Operating Room         |
| N - Optometric Service          | N - Organ Bank              | N - Organ Transplant       |
| Y - Outpatient Service          | N - Outpatient Surgery Unit | Y - Pediatric Services     |
| Y - Pharmacy                    | Y - Physical Therapy        | Y - Postoperative Recovery |
| N - Psychiatric Services        | Y - Radiology(Diagnostic)   | N - Radiology(Therapeutic) |
| Y - Rehabilitation Services     | Y - Respiratory Services    | N - Self Care Unit         |
| Y - Shock Trauma                | Y - Social Services         | Y - Speech Pathology       |

| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|
|      |                |       |                      |      |              |

**Health Care Regulatory Services** 

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